## **APPLICATION DATA SHEET**

## **Application Information**

Application number:: To Be Assigned

Filing Date:: January 20, 2006

Application Type:: Regular

Subject Matter:: Utility

Suggested classification:: Not Applicable

Suggested Group Art Unit::

To Be Assigned

CD-ROM or CD-R?:: Not Applicable

Number of CD disks:: Not Applicable

Number of copies of CDs:: Not Applicable

Sequence submission?:: Not Applicable

Computer Readable Form (CRF)?:: No

Number of copies of CRF:: Not Applicable

Title :: Improvements To Centrifugation Of Synthetic Rubber Latex

Attorney Docket Number:: 96250

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: Not Applicable

Total Drawing Sheets:: Not Applicable

Small Entity?:: Yes

Latin name:: Not Applicable

Variety denomination name::	Not Applicable
Petition included?::	Not Applicable
Petition Type::	Not Applicable
Licensed US Govt. Agency::	Not Applicable
Contract or Grant Numbers::	Not Applicable
Secrecy Order in Parent Appl.?::	Not Applicable
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Singapore
Status::	Full Capacity
Given Name::	Sushil
Middle Name::	Sukumaran
Family Name::	Nair
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	Singapore
Street of mailing address::	205 Tagore Avenue
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	Singapore
Postal or Zip Code of mailing address::	787774

## **Correspondence Information**

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State or Province of mailing address::		IL	IL	
Country of mailing address::		US	US	
Postal or Zip Code of mailing address::		60606-3945		
Phone number::		312-655-1500		
Fax Number:		312-655-150	312-655-1501	
E-Mail address::		edcohen@W	edcohen@WelshKatz.com	
Representativ	e Information			
Representative Customer Number: 2		24628		
Domestic Priority Information				
Application::	Continuity Type:	Parent	Parent Filing	
		Application::	Date::	
Foreign Priority Information				
Country::	Application Number::	Filing Date::	Priority Claimed::	
1		1	,	

## **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::